	PATENT APPLICA N FEE DETERMINATION RECO									Application or Docket Number						
ŀ		Effective November 10, 1998								· KOL			055			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTIT			Y OTHER THA OR SMALL ENTIT			,	
FOR NUMBER FILED					NUMBER EXTRA				RATI	FE	Ε	[RATE		-	
BASIC FEE										380.	ω (OR		WU)	
TOTAL CLAIMS			/ minus 20=			•			X\$ 9:	-		OR	X\$18=	10,70	<u>,</u>	
INDEPENDENT CLAIMS			2 minus 3 = 1			•			X39=		\neg	OR X78		-	\dashv	
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT						1	.400		7			 	4		
* If the difference in column 1 is less than zero, enter "0" in column 2							- 1	+130=		-	PR	+260=	Norma	4		
CLAIMS AS AMENDED - PART II									TOTAL	- [0	R	TOTAL	484C)	4	
L	- ₁	(Colu	mn 1)		(Column 2)		(Column 3)	<u>.</u>	SMALI	MALL ENTITY		R :		R THAN ENTITY		
AMENDMENTA		REM	VIMS VINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY WID FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE	T.		RATE	ADDI- TIONAL FEE	-	
	Total	• 4	2	Minus	-	20			X\$ 9=		o	<u>ا</u>	X\$18=	1	1	
₹	Independent FIRST PRES	ENTATIO	L OF M	Minus	***	ک	-		X39=	1	o _f	,	X78=		1	
			TOI- MC	DETIPLE DE	PENU	ENT CLAIM		ľ	+130=		OR		-260≃		1	
								L	TOTAL OUT. FEE	 	OF	٦,	TOTAL	2010	h	
	·	(Column 1) (Column 2) (Column 3)										' AD	DIT. FEE	1 40 D	ľ	
MENDMENT B		CLA REMA AFT AMEND	NING ER		PRE	IGHEST UMBER EVIOUSLY NID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE]	F	RATE	ADDI- TIONAL FEE		
	Total	•		Minus	44	•	=		X\$ 9=		OR	X\$18=				
AM	Independent	•		Minus	***		=		X39=			一、	(78=		ļ	
_	TINOT PRESE	MIAHON	OF MU	MULTIPLE DEP		NT CLAIM		-	130=		OR	ŀ	"			
•											OR					
(Column 1) (Column 2) (Column 3)											OR	ADO	TOTAL IT. FEE			
,		CLAI	AS	: -	HIC	SHEST	(Column 3)	_								
T. T.		REMAIN AFTE AMENDA	R		PRE\	MBER MOUSLY D FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		R	ATE	ADDI- TIONAL FEE		
		*· ·	^	Minus	**		=	X			18=	<u> </u>				
	Independent	*		Ainus	***		ε	×	39=	· · · · · · · · · · · · · · · · · · ·			78=			
_1,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	30=		OR	_^	′°=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											OR	+260=				
-41	the "Highest Nurs	ther Dresido	My Paid	FOR IN THIS	ADD	TOTAL T. FEE		OR		TOTAL T. FEE	·					
4 (he "Highest Numb	er Previou	rly Paid I	For (Total or	ndepen	dent) is the I	lighest number k	ound ir	the appr	opriate bo	in col	umn '	1.			

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